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Registration Section

Tallahassee, FL 32314

TO:

Div	rision of Cor	porations						
CUDICCT.		aw Firm, LLC						
SUBJECT: Name of Limited Liability Company								
The anglesea	d Articlas of	Amandmant and faute) are cub	mitted for filing					
			-					
Please return	n all correspo	ondence concerning this matter	to the following:					
		Debra L. Feit						
			Name of Person					
		Stratford Law Firm, LLC						
			Firm/Company					
		401 Fast Las Olas Blvd., S	uite 1400					
			Address					
		Fort Lauderdale, FL 3330	1					
	City/State and Zip Code							
		debra@slgfl.com						
				report notification)				
For further is	nformation c	oncerning this matter, please co	all:					
Debra L. Fe	it		954 993 at ()					
_	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Debra L. Feit							
Enclosed is	a check for the	he following amount:						
		☐ \$30.00 Filing Fee &	Certified Copy	closed) C	Certificate of Status & Certified Copy			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strattord Law Firm, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on April 23, 2014	and assigned
lorida document number 1.14(XXX)77631		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
feit Law, LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		2023 HAR SECKA D
		₹ 2 1
Inter new mailing address, if applicable:		AS - 1
		## 3
Mailing address MAY BE A POST OFFICE BOX)		To the second se
		<u>-2 3</u>
s. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		···-
New Registered Office Address:		
- -	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
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'an effec <u>lote:</u> I	ctive date is lis f the date ins	ther than the ted, the date must certed in this blood date on the Do	t be specific a ock does no	and cannot be t meet the a	e prior to date applicable s	of filing or m tatutory filin	ore than 90 da	(optional ays after filing ats, this date	.) Pursuant to 6	505.020 isted a
record I is file		elayed effective	e date, but r	ot an effec	tive time, a	. 12:01 a.m. (on the earlie	rof:(b) T	ne 90th day a	fter th
ated _	March 15,			2023	·					
		Debr	Signature of	a member o	r authorized	representative	of a member			
			-							